



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

OFFICE OF LEGAL COUNSEL

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PUBLIC RECORDS REQUEST FORM UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date _____ Request Number _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Requested Records: _____

OFFICE USE ONLY

Request taken by: _____ Request Number: _____

Date: _____ Time: _____

Records to be available on: _____ Mail _____ Pick Up _____

Records provided: _____

Costs: _____ copies _____ search and retrieval

Forward this Document to the Office of Legal Counsel

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ in the Office of Legal Counsel. If, after review of your request, BHDDH determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, BHDDH reserves its right to claim such exemption.

Note: If you choose to pick up the records, but did not include identifying information on this form (name, etc.), please inform the Office of Legal Counsel of the date you made the request, records requested and request number.